

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 182
Registered No. _____County Yuma State _____
Township _____ or Village _____City Yuma St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child Rita Bracamonte { If child is not yet named, make supplemental report, as directed3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legit. _____ 8. Date of birth May 22, 1930 (Month, day, year)9. Full name FATHER Ramon Bracamonte 18. Full maiden name MOTHER Conita River10. Residence (usual place of abode) Yuma 19. Residence (usual place of abode) Yuma
(If nonresident, give place and State) (If nonresident, give place and State)11. Color of race Mex 12. Age at last birthday 31 (Years) 20. Color of race Mex 21. Age at last birthday 29 (Years)13. Birthplace (city or place) San Louis 22. Birthplace (city or place) Yuma
(State or country) (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper smelter 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____16. Date (month and year) last engaged in this work 5-22-1930 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work 5-22-1930 26. Total time (years) spent in this work _____27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Charles B. Hurst, M.D.

or _____, Midwife

Address YumaFiled June 4, 1930

Registrar.

Registrar.

Given name added from a supplemental report

(Date of)

926-522-391

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the NUMBER OF CHILDREN must be stated.